Application or Do										Docket Nu	mber .	
Effective October 1, 2003 PATEUT / PRUCATION FEE DETERMINATION RECOED 69940, 970											D	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY.	OR		R THAN ENTITY
T	OTAL CLAIM	S				•		RATE	FEE	7	RATE	FEE
F	OR ·		NUMBER FILED NU			BER EXTRA	1	BASIC F	EE 385.0	OR	BASIC FEE	770.00
Ţ	OTAL CHARG	EABLE CLAIMS	, m	inus 20≈	.0			X\$ 9=		OR	X\$18=	
IN	DEPENDENT	CLAIMS	minus 3 = *		0			X43=	1.	OR	Yes	
м	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT				145	1	7		
	• If the difference in column 1 is less than zero, enter "0" in column 2							+145=	4	OR		
. '									٠ لــــــ	OR	TOTAL	
Ĩ	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
- AMENDMENT	Total .	. 13	Minus	-29	7	- /		X\$ 9=		OR	X\$18=	
ME	Independent	. 3	Minus	5	<i>y</i>	-/		X43=	1:	OR	X86=	
	FIRST PRES	ENTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT CLAIM				+145=	1.	OR	+290=	
. • •						L	TOTAL			TOTAL	<u> </u>	
•	(Column 1) (Column 2) (Column 3)							DDIT. FEE	<u> </u>	10	ADDIT. FEE!	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ZQW	Total	•	Minus .	**		E		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	• ·	Minus	***		е .		X43=	 	OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DER	TIPLE DEPENDENT CLAIM						OR	+290=	
										OR ,	TOTAL VODIT. FEE	
(Column 1) (Column 2) (Column 3)											•	
AMENDMENI C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER . ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S [Total :	*	Minus	•••		E		X\$ 9=		OR	X\$18=	•
¥ .	Independent	•	Minus .	***		-		X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (MIALK		1	145=		OR	+290=	
		mn 1 is less than the mber Previously Pai						TOTAL		CD F	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE THIS Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 10/03)

Patent and Tradematic Office, U.S. DEPARTMENT OF COMMERCE

182

09/940,970

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN R SMALL ENTITY	
	то	TAL CLAIMS	29				ſ	RATE	FEE		RATE	FEE	
	FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
	TOTAL CHARGEABLE CLAIMS			り minus 20=		. 9			X\$ 9=		OR	X\$18=	162
	<u> </u>	EPENDENT CL		ე minus 3 =		2			X40=		OR	X80=	160
€	MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	D
	* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	•	TOTAL		OR	TOTAL	1032
١	CLAIMS AS AMENDED - PAR					TII			1	<u> </u>		OTHER	-
	(Column 1) (Colum						(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY.
	ENT A	;	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDM	Total	. 31	Minus	0	9	= 3-		X\$ 9=		OR	X\$18=	36∞
	AME	Independent	· 3 NTATION OF MI	Minus	S	T CLAIM	= 8		X40=		OR	X80=	
		THOTTICSE	TATION OF WI		CNOCN	I OCAIN			+135=		OR	+270=	
	G (Column 1) (Colum						(Column 3)		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	36 00
			CLAIMS	310.60	(Column 2) HIGHEST		Coldinii 3)	1 1		ADDI-	1		ADDI-
Ø	ENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	И	RATE	TIONAL		RATE	TIONAL FEE
	MQN	Total	. 29	Minus	••	4	= ' /	11	X\$ 9=		OR	X\$18=	
	AMENDMENT	Independent	. 29	Minus	***	S	=	1	X40=		OR	X80=	
		FIRST PRESE	RST PRESENTATION OF MULTIPLE DEF			PENDENT CLAIM			405				
									+135=		OR	+270=	
			•						ADDIT. FEE		OR	OR ADDIT. FEE	
0	_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST.						1 .					
	AENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDMENT C	Total	. 13	Minus	.520	2	=		X\$ 9=		OR	X\$18=	
		Independent	· 2	Minus	<u></u>	T CL AUA]=	. [X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								. 125	·		.270	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=	
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR												
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

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